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APPLICANTS

Sang-In Han, Phoenix, AZ;
 Scott D. Hector, Austin, TX;
 Pawitter Mangat, Gilbert, AZ;

** CONTINUING DATA *****
 NONE *AR*

** FOREIGN APPLICATIONS *****
 NONE *AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>AR</i> Examiner's Signature Initials	STATE OR COUNTRY AZ	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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ADDRESS
 29906
 INGRASSIA FISHER & LORENZ, P.C.
 7150 E. CAMELBACK, STE. 325
 SCOTTSDALE, AZ
 85251

TITLE
 Attenuated phase shift mask for extreme ultraviolet lithography and method therefore

FILING FEE RECEIVED 932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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